

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003115

1. Entity Name

HEALTHY START COALITION OF OSCEOLA COUNTY, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90017 001 ****61.25

Principal Place of Business 1155 S SEMORAN BLVD STE 1111 WINTER PARK FL 32792 US	Mailing Address 1155 S SEMORAN BLVD STE 1111 WINTER PARK FL 32792-5505 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1050 Grape Avenue Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 701995 Suite, Apt. #, etc.
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City & State St. Cloud, FL	City & State St. Cloud, FL	4. FEI Number 59-3212535	Applied For Not Applicable
Zip 34769	Country USA	Zip 34770	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 WINDHAM, STEVE
 1155 S. SEMORAN BLVD.
 SUITE 1111
 WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 Name: Patricia H. McWhirter
 Street Address (P.O. Box Number is Not Acceptable): 1050 Grape Avenue
 City: St. Cloud FL Zip Code: 34769

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Patricia H. McWhirter Patricia H. McWhirter, E.D. 5/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMBERT, MICHELLE <input checked="" type="checkbox"/> Delete 700 WEST OAK ST KISSIMMEE FL 34742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GANT, GEORGE A M.D. <input type="checkbox"/> Delete 1875 BOGGY CREEK RD KISSIMMEE FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, MELISSA <input type="checkbox"/> Delete 1322 10TH STREET ST. CLOUD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, MARY <input type="checkbox"/> Delete 207 PARK PLACE KISSIMMEE FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TEAMER, KAREN <input type="checkbox"/> Delete 200 HILDA STREET KISSIMMEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD QUIRK, A <input type="checkbox"/> Delete 1414 KUHL AVE ORLANDO FL 32806

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Kate Howze <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 817 Bill Beck Blvd. Kissimmee, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 604 Courtland Street, #200 Orlando, FL 32804

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne G. Quirk 5/1/00 407-891-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)